<table>
<tr><td colspan="7" rowspan="2">CLAIMS ONLY</td><td colspan="2">Application Number</td><td>Filing Date</td></tr>
<tr><td colspan="2">10649500</td><td></td></tr>
</table>

CLAIMS ONLY					Application Number 10649500	Filing Date
					Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			✓				51						
2							52						
3							53						
4							54						
5							55						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			6				Total Indep						
Total Depend			14				Total Depend						
Total Claims			20				Total Claims						